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**Employer:**

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name

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address

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name

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address

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name

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address

**Total Annual Household Income:** \$ \_\_\_\_\_

**Other Assistance:** What, if any, assistance are you currently receiving from the Town of Exeter? State or Federal government programs?

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**Additional Information:** Please provide us with any additional information that may assist the Committee in making its decision about your request.

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**Amount Requested:** \_\_\_\_\_

**Purpose of Grant Request:** \_\_\_\_\_

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**Please include a brief narrative description explaining why you are requesting assistance. Include the following information:**

- **Why assistance is needed**
- **Other attempts, if any, to receive help**
- **Why you are requesting the specific amount of assistance**
- **How specifically funds will be spent**

**Income:** Please list all income from any family member over age 18 and the source of such income (include alimony, child support, disability, social security, TDI etc.)

- 1. \$ \_\_\_\_\_ source: \_\_\_\_\_  
address: \_\_\_\_\_
- 2. \$ \_\_\_\_\_ source: \_\_\_\_\_  
address: \_\_\_\_\_
- 3. \$ \_\_\_\_\_ source: \_\_\_\_\_  
address: \_\_\_\_\_
- 4. \$ \_\_\_\_\_ source: \_\_\_\_\_  
address: \_\_\_\_\_

**Bank Accounts:** List all banks in which you hold accounts. List the type of account, and list the highest balance in such account within the last six (6) months.

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**Insurance:** Do you have health insurance? If so, list the current provider and current cost.

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**Assets:** List all other assets with a value over \$500 in which you own or share any interest.

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**References:** Please list the names any references who can support your application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Items to be Submitted to the Trust Committee:

1. Application
2. Narrative Description
3. Copy of RI drivers license/State ID
4. Copy of Exeter tax bill, deed to residence or rent receipt
5. Copy of most recent bank statements
6. Copy of most recently filed Federal Tax Return
7. Include attachments if necessary.

The applicant, on oath, certifies, swears and acknowledges that all information in this application is material to the operation or consideration of the Committee and the Trustee, is true and accurate to the best of his/her knowledge and belief and that the Committee and Trustee will rely on such information in determining whether to suggest and/or award funds from the Reynolds Trust. Verification may be obtained from any source. Any change in the financial status of applicant after submission of this application and before decision thereon is to be brought immediately to the attention of the Committee.

Signature Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

Signature Co Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

State of Rhode Island

County of \_\_\_\_\_

In said County on the \_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared each and all to me known, and known by me to be the party(ies) executing the foregoing instrument, and acknowledged said instrument, by executed to be free act and deed.

\_\_\_\_\_  
Notary Public

